



Michael R. Pence, Governor  
State of Indiana

***Division of Disability and Rehabilitative Services***  
402 W. WASHINGTON STREET, P.O. BOX 7083  
INDIANAPOLIS, IN 46207-7083  
1-800-545-7763

*Via Electronic mail*

DATE

[CONTACT INDIVIDUAL]  
[CONTACT INDIVIDUAL TITLE]  
[PROVIDER NAME]  
[PROVIDER ADDRESS]  
[PROVIDER ADDRESS]  
[PROVIDER EMAIL ADDRESS]

**Re: Provider Re-Approval**

Dear [CONTACT INDIVIDUAL],

The Bureau of Quality Improvement Services (BQIS) within the Division of Disability and Rehabilitative Services (DDRS) facilitates the re-approval process for DDRS-approved waiver providers. During the ninety (90) day window prior to the expiration of the current approval period, providers of supported living services or supports are required to renew their status as an approved provider as outlined in 460 IAC 6-6-5. At this time, your organization is due for re-approval.

The re-approval process has been designed to facilitate discussion and review performance-based data. The following attachments are included with this letter:

Attachment A	DDRS Service List – Currently Approved
Attachment B	Re-Approval Completion Guide
Attachment C	Summary of Provider Review Profile (PRP)
Attachment D	Provider Review Profile (PRP) – Full Report
Attachment E	Excel Spreadsheet of Incident Reports for Specified Timeframe
Attachment F	Re-Approval Assessment
Attachment G	Submission Checklist

A list of currently approved DDRS services (Attachment A) is included for review and the updating of information that might be inaccurate. The Submission Checklist (Attachment G) contains complete instructions on updating and returning the DDRS Service List.



During the re-approval process, providers are asked to articulate the systems (e.g. policies, procedures, protocol, etc.) that exist, as required by 460 IAC Article 6, and how their policies, procedures, and protocols were implemented in a consistent manner, ensuring the health, safety, and welfare of the individuals they serve. Additionally, the providers will explain their specific processes for identifying problems when they occur and the procedures utilized in addressing those problems. The Re-Approval Completion Guide (Attachment B) contains information that will assist your organization in completing and submitting the required information for re-approval.

The Provider Review Profile (PRP) (Attachment D) is a detailed data-driven report specific to your organization consisting of information from complaints and incident reports. For first time re-approvals, this also includes data from the compliance evaluation review tool (CERT). The PRP is structured to provide a comparison in multiple risk areas. A summary of this information is provided in Attachment C. The PRP allows the provider to assess their organization's data against a benchmark of relatively similar providers (e.g. client count, Algo levels). The analysis of this data is pivotal in reviewing your organization's performance. An Excel Spreadsheet (Attachment E) containing all incident reports included in the PRP is attached to support your organization in the analysis of its data.

Following review of the PRP, the Re-Approval Assessment (Attachment F) must be completed by the provider. Providers are asked a series of questions, by category, to assess how performance is monitored and how service level improvements are made based on the data. Additional questions are focused on the broader subject of providing quality care and services, including how the organization will implement changes and what corrections are necessary to achieve the desired results.

As part of the re-approval process, providers offering services that require national accreditation are required to submit the most current accreditation documentation. Indiana Code (IC 12-11-1.1-1(d) (j)) requires the following DDRS waiver program services to be nationally accredited:

- |   |                            |
|---|----------------------------|
| ▪ Day Services (including Adult Day Services) | ▪ Pre-vocational           |
| ▪ Community Habilitation                      | ▪ Residential Habilitation |
| ▪ Facility Habilitation                       | ▪ Extended Services        |

**On or before [DATE 30 CALENDAR DAYS AFTER THIS LETTER]**, please submit all documents listed on the Submission Checklist (Attachment G) to BQIS at [BQISReporting@fssa.in.gov](mailto:BQISReporting@fssa.in.gov).

Once submitted, BQIS will review the completed Re-Approval Assessment and will contact you on or before **[DATE 50 BUSINESS DAYS AFTER THE PROVIDER'S DUE DATE (=workdays(ProvDueDate,20))]**. Providers may be asked to meet in person or via telephone for the purpose of BQIS explaining any clarifying questions that require further explanation/detail by the provider. The provider through the submission of a re-approval addendum will submit the clarifying information. BQIS will then make a recommendation to Provider Services to re-approve **[PROVIDER'S NAME]** for 6, 12, or 36 months.

Additional information regarding provider re-approval is available on the Provider Services webpage ([www.in.gov/fssa/ddrs/2644.htm](http://www.in.gov/fssa/ddrs/2644.htm)). Thank you for your cooperation in this process. Should you have any questions, please do not hesitate to contact me.

Sincerely,

A handwritten signature in dark ink, appearing to read "Shelly Thomas", is positioned above the typed name.

Shelly Thomas  
Assistant Director  
Bureau of Quality Improvement Services  
402 W. Washington St.  
Indianapolis, IN 46204  
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[Shelly.Thomas@fssa.in.gov](mailto:Shelly.Thomas@fssa.in.gov)

Attachments